

## TYPE OF SERVICE

Case Management Services

Target Group: F

## METHOD OF REIMBURSEMENT

The targeted group consists of the categorically needy or medically needy who meet one or more of the following criteria.

Certain individuals residing in areas of New York State designated as underserved and economically distressed through the State's Neighborhood Based Alliance (NBA) Initiative. Under Chapter 657 of the Laws of 1990, the NBA is targeting state money, resources and services to designated areas in order to alleviate the pervasive and detrimental effects of poverty, lack of access to services and lack of services.

Case management targeted individuals are those residents of the NBA areas who are experiencing chronic or significant individual or family dysfunction's which might be ameliorated through effective case management referral and monitoring of service provision. Such dysfunction's are assessed as chronic or significant by the case manager in accordance with an assessment tool approved by the Office of Children and Families. The assessment will determine chronic or significant dysfunction on the following categories or characteristics:

- (i) school dropout
- (ii) low academic achievement
- (iii) Poor school attendance
- (iv) Foster care placement
- (v) Physical and/or mental abuse or neglect
- (vi) Alcohol and/or substance abuse
- (vii) Unemployment/underemployment
- (viii) Inadequate housing or homelessness
- (ix) family court system involvement
- (x) criminal justice system involvement
- (xi) poor health care
- (xii) family violence or sexual abuse

Provider-specific rates are replaced with a regional rate structure.

The rate structure is based upon the identification of direct service components and incorporates a percentage allowance for indirect costs, based upon historical data.

The following are the direct service components of the rate:

Personal Services: Case Manager salary.

Fringe Benefit: Rates were established at the average fringe rate for New York City, Greater Metropolitan and Upstate New York.

Other cost percentage will constitute a percentage of allowable costs other than case manager salary and fringe benefits such as equipment, rentals, utilities, etc.

The Rate Calculation Formula:

Direct costs/% Direct cost (%)

Billable Hours/4=Quarter Hour Rate.

Billable hours are defined as the total of all case managers time attributable to direct client service in the various components of case management e.g.

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METHOD OF REIMBURSEMENT

Intake/screening, assessment,  
reassessment, monitoring, follow-up  
of crisis intervention.

Regionally calculated percentages  
have been determined for New York  
City, Greater Metropolitan New  
York and Upstate New York.

Trend Factor:

The rate will be adjusted by  
application of a trend factor  
approved by the Division of the  
Budget.

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TYPE OF SERVICE

Case Management Services  
Target Groups: A & E

METHOD OF REIMBURSEMENT

- A. Categorically or medically needy  
Persons under age 21, pregnant  
Parenting or at risk of pregnancy

Provider-specific rates are replaced  
with a regional rate structure.

The rate structure is based upon the  
identification of direct service  
components and incorporates a  
percentage allowance for indirect  
costs, based upon historical data.

- E. Categorically or medically needy  
women of child-bearing age who  
are pregnant, and infants under one  
year of age.

The following are the direct service  
components of the rate:

Personal Services: Case manager  
salary.

Fringe Benefit: Rates were  
established at the average fringe rate  
for New York City, Greater  
Metropolitan and Upstate New York.

Other cost percentage will constitute  
a percentage of allowable costs other  
than case manager salary and fringe  
benefits such as equipment, rentals,  
utilities, etc.

The Rate Calculation Formula:

Direct costs / %Direct cost  
(%) / Billable hours / 4 = Quarter Hour  
Rate.

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#### METHOD OF REIMBURSEMENT

Billable hours are defined as the total of all case managers time attributable to direct client service in the various components of case management e.g. intake/screening, assessment, reassessment, monitoring, follow-up of crisis intervention.

Regionally calculated percentages have been determined for New York City, Greater Metropolitan New York and Upstate New York.

Trend Factor:

The rate will be adjusted by application of a trend factor approved by the Division of the Budget.

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Type of Service  
Case Management Services  
Target Group: C

Method of Reimbursement

C. Categorically or medically needy women of child-bearing age, clients of Community Services Programs or Community Based Programs, children and adolescents through 20 years of age who are HIV+ and categorically or medically needy women with children who are of negative or unknown serostatus, but who are at risk of HIV infection as a result of their personal activities or the activities of a sexual partner.

The proposed methodology includes the following characteristics:

- o Provider-specific rates are replaced with a regional rate structure;
- o Economics of scale associated with larger programs are accounted for;
- o Direct service components are established with a fixed percentage allowance for indirect costs.
- o An annual trend factor approved by the State Division of the Budget is applied in subsequent years;
- o Billable hours continues to be used as the basis for billing. The procedure used to calculate billable hours is modified to recognize non-billable responsibilities and to encourage improved service quality.

Regional Rate

Reimbursement amounts will be established for New York City Metropolitan area and for the rest of the state based on the expected costs in those areas of each direct services component. The New York City metropolitan region will consist of the following counties: Nassau, Suffolk, Rockland, Westchester and the five boroughs of New York City.

Program Size Differential

The rate structure will reflect the economy of scale produced by larger programs. Reimbursement for larger programs will decrease

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based upon the following  
criteria:

Rate A: For provider with 0 to 6  
billable FTE staff.

Rate B: For providers with more  
than 6 to 12 billable staff.

Rate C: For providers with more  
than 12 FTE billable staff.

Direct Service Components

The rate structure is based upon  
the identification of direct  
services components and  
incorporates a percentage  
allowance for indirect costs.

The following are the direct  
service components of the rate.

Personal Services: Case manager  
salary, case management  
technician salary, community  
follow-up worker salary and the  
program director salary at 50%  
FTE.

Fringe Benefits: Rates were  
established at the average fringe  
rate for the metropolitan and  
rest of state regions.

Other Direct Costs: Quality  
Assurance Consultant Service,  
training cost for CM staff,  
travel cost for direct staff,  
conference registration costs for  
AIDS Institute conference, crisis  
intervention service costs,  
escort costs - security.

Indirect Cost Percentage

Direct service will constitute  
72% of the total allowable costs  
with the remaining 28% available  
for Indirect costs such as  
equipment, rentals, utilities,  
etc.

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The Rate Calculation Formula:

Direct costs/% Direct cost (72%) /  
Billable Hours/4 = Quarter Hour Rate

(Billable hours are defined as the total of all case managers time attributable to direct client service in the various components of case management e.g. intake/screening, assessment, reassessment, monitoring, follow-up of crisis intervention.)

Trend Factor:

The rate will be adjusted annually by application of a trend factor drawn from the U.S. Department of Labor Statistics Economic Cost Index for civilian workers by industry division, services line; 12 months ending June 1993, and that future year rates be based on this trend factor.

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TYPE OF SERVICE

**Case Management Services  
Target Group H:**

The target group consists of medical assistance eligibles who are served by the Office of Mental Health's Supportive Case Management Program and who:

- (i) are seriously mentally ill; and
- (ii) require personal and proactive intervention to help them obtain and maintain services, which will permit or enhance functioning in the community; and,
- (iii) either have symptomology which is difficult to treat in the existing mental health care system or need support to maintain their treatment connections and/or residential settings.

These individuals include:

- (1) heavy service users who are known to staff in emergency rooms, acute inpatient units, psychiatric centers as well as to providers of other acute and crisis service, may have multiple disabilities including drug abuse, alcohol abuse or developmental disabilities; or
- (2) persons with recent hospitalization in either state psychiatric centers or acute care general hospital; or,

METHOD OF REIMBURSEMENT

**Provider Reimbursement for Target Group H**

For payment to Supportive Case Management providers in New York State, prospective budget-based monthly fees shall be established for each region for SCM Medicaid programs which are not OMH operated and Statewide fees for SCM Medicaid programs operated by OMH. Providers may bill for the monthly fee only if the medicaid eligible recipient has been seen by the case manager a minimum of two times during the month. The minimum amount of time required for a client encounter to be credited for the purpose of Medicaid reimbursement is 15 minutes.

The fees for SCM providers will be recommended by OMH, reviewed by SDSS and approved by the State Division of the Budget (DOB). OMH will file a regulatory amendment, 14 NYCRR 506.8, incorporating the fees approved by DOB. OMH will consult with SDSS regarding any changes to the regulations prior to their promulgation as "Final Regulations" or any changes to the approved Title XIX Medicaid State Plan. All such changes must be approved by DOB.

1. The regional fees for SCM Medicaid providers which are not OMH operated shall be based upon OMH approved expected expenditures per SCM in each OMH region and the maximum caseload per SCM approved by OMH for the individual provider. These regional fees shall be developed as follows:

- a) Each SCM provider shall be approved for maximum monthly caseloads per SCM employed by the provider of either 20 or 30 enrolled clients.

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TYPE OF SERVICE

- (3) mentally ill who are homeless and live on the streets or in shelters; or,
- (4) seriously emotionally disturbed children and adolescents whose disability disrupts their ability to function in educational, social, vocational and interpersonal spheres and may, without intervention, be institutionalized, incarcerated or hospitalized; or,
- (5) people in need of ongoing mental health support in order to maintain or enhance community tenure.

The aim is to benefit these recipients by reducing hospitalization and reliance on emergency psychiatric services, as well as increasing employment, encouraging better medication management and generally improving the individual's quality of life within the community.

METHOD OF REIMBURSEMENT

- b) The regional monthly fee for SCM providers approved for 20 clients shall be the OMH approved expected expenditures per SCM in the region divided by the product of 20 x 12 months x 90%.
- c) The regional monthly fee for SCM providers approved for 30 clients shall be the OMH approved expected expenditures per SCM in the region divided by the product of 30 x 12 months x 90%.
- 2. The State monthly fees for SCMs employed directly by the OMH in either free standing or shared staff arrangements with caseloads of 20 clients or 30 clients shall be the lesser of fees established using the methodology described in 1., above, or fees prescribed by DOB.

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**TYPE OF SERVICE:**

Case Management Services  
Target Group I:

Reimbursement for services provided to Target Group I, as described in Supplement 1 to Attachment 3.1A, pages I-1 thru I-18..

**METHOD OF REIMBURSEMENT**

Reimbursement for case management services provided to children under the New York SSHSP and PSHSP shall be at fees established by the Department of Health and approved by the Director of the Budget.

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